

# **MassHealth**

## **Billing Guide**

### **for the UB-04**



**MassHealth**

BG-UB-04-CL (01/09)

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Executive Office of Health and Human Services  
MassHealth  
January 2009



### **Introduction**

This document provides detailed instructions for completing the paper UB-04 claim form for MassHealth claims. Additional instructions on other billing matters, including member eligibility, prior authorization, claims status and payment, claim correction, and billing for members with other health insurance are located in Subchapter 5 of your MassHealth provider manual.

For information about the resulting remittance advice, see the MassHealth *Guide to the Remittance Advice for Paper Claims and Electronic Equivalents*.

### **General Instructions for Submitting Paper Claims**

#### **UB-04 Claim Form**

The following providers must use the UB-04 claim form when submitting paper claims to MassHealth:

- acute inpatient hospitals
- acute outpatient hospitals, including hospital-licensed health centers and other hospital satellite clinics
- chronic disease and rehabilitation inpatient hospitals
- chronic disease and rehabilitation outpatient hospitals
- community health centers (home health services only)
- home health agencies
- hospice providers
- intensive residential treatment programs
- intermediate care facilities for the mentally retarded
- nursing facilities
- psychiatric inpatient hospitals
- psychiatric outpatient hospitals
- substance abuse treatment inpatient hospitals
- substance abuse treatment outpatient hospitals

## *General Instructions for Submitting Paper Claims (cont.)*

### **Additional Details**

Up to 22 revenue codes and associated charges may be entered on each UB-04 claim form. For inpatient claims that exceed 22 lines, submit an electronic claim. For outpatient claims, bundle services to submit the claim on a single form.

### **Entering Information on the UB-04 Claim Form**

- Complete a separate claim form for each member to whom services were provided.
- Type or print all applicable information (as stated in the instructions) on the claim form, using black ink only. Be sure all entries are complete, accurate, and legible.
- For each claim line, enter all required information as applicable, repeating if necessary. Do not use ditto marks or words such as “same as above.”
- Attach any necessary reports or required forms to the claim form.
- When a required entry is a date, enter the date in MMDDYY or MMDDYYYY format.

### **Time Limitations on the Submission of Claims**

Claims must be received by MassHealth within 90 days from the date of service or the date of the explanation of benefits from another insurer. For additional information about the deadlines for submitting claims and exceptions, see MassHealth billing regulations (beginning at 130 CMR 450.309).

### **Claims for Members with Other Health Insurance Coverage**

Special instructions for submitting claims for services furnished to members with Medicare or health-insurance coverage are contained in Subchapter 5 of your MassHealth provider manual.

### **Electronic Claims**

To submit electronic claims, refer to Subchapter 5, Part 3 of your provider manual or contact MassHealth Customer Service. Refer to [Appendix A](#) of your provider manual for contact information.

### **Where to Send Paper Claim Forms**

[Appendix A](#) of your MassHealth provider manual describes where to submit paper claims. Keep a copy of the submitted claim for your records. Please note that MassHealth does not accept mail with postage due.

### **Additional References**

For additional information about MassHealth, see the administrative and billing regulations at [130 CMR 450.000](#) (for all providers), any relevant program regulations, and the Request for Application (RFA) for the relevant rate year (for in-state acute and chronic hospitals only).



## *General Instructions for Submitting Paper Claims (cont.)*

### **Further Assistance**

If, after reviewing the following item-by-item instructions, you need additional assistance to complete the UB-04 claim form, you can contact MassHealth Customer Service. Refer to [Appendix A](#) for all MassHealth Customer Service contact information.



## How to Complete the UB-04 Claim Form

A sample of the front of the UB-04 claim form is shown below. A sample of the back of the form is on the next page. Following this sample are instructions for completing each field on the UB-04 claim form. Refer to the National Uniform Claim Committee (NUBC) instruction manual available at [www.nubc.org](http://www.nubc.org). Many types of providers use the UB-04 claim form to bill MassHealth for services. In some cases, special instructions have been provided for specific services or situations. Complete each field as instructed generally and follow specific instructions for your provider type or situation, as applicable.

1		2		33 PAY CONT. #		4 TYPE OF BILL	
5 PATIENT NAME		6 PATIENT ADDRESS		7 MED. REC. #		8 STATEMENT COVERED PERIOD FROM	
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## How to Complete the UB-04 Claim Form (cont.)

**UB-04 NOTICE:** THE SUBMITTER OF THIS FORM UNDERSTANDS THAT MISREPRESENTATION OR FALSIFICATION OF ESSENTIAL INFORMATION AS REQUESTED BY THIS FORM, MAY SERVE AS THE BASIS FOR CIVIL MONETARY PENALTIES AND ASSESSMENTS AND MAY UPON CONVICTION INCLUDE FINES AND/OR IMPRISONMENT UNDER FEDERAL AND/OR STATE LAW(S).

Submission of this claim constitutes certification that the billing information as shown on the face hereof is true, accurate and complete. That the submitter did not knowingly or recklessly disregard or misrepresent or conceal material facts. The following certifications or verifications apply where pertinent to this Bill:

1. If third party benefits are indicated, the appropriate assignments by the insured/beneficiary and signature of the patient or parent or a legal guardian covering authorization to release information are on file. Determinations as to the release of medical and financial information should be guided by the patient or the patient's legal representative.
2. If patient occupied a private room or required private nursing for medical necessity, any required certifications are on file.
3. Physician's certifications and re-certifications, if required by contract or Federal regulations, are on file.
4. For Religious Non-Medical facilities, verifications and if necessary re-certifications of the patient's need for services are on file.
5. Signature of patient or his representative on certifications, authorization to release information, and payment request, as required by Federal Law and Regulations (42 USC 1935f, 42 CFR 424.36, 10 USC 1071 through 1086, 32 CFR 199) and any other applicable contract regulations, is on file.
6. The provider of care submitter acknowledges that the bill is in conformance with the Civil Rights Act of 1964 as amended. Records adequately describing services will be maintained and necessary information will be furnished to such governmental agencies as required by applicable law.
7. For Medicare Purposes: If the patient has indicated that other health insurance or a state medical assistance agency will pay part of his/her medical expenses and he/she wants information about his/her claim released to them upon request, necessary authorization is on file. The patient's signature on the provider's request to bill Medicare medical and non-medical information, including employment status, and whether the person has employer group health insurance which is responsible to pay for the services for which this Medicare claim is made.
8. For Medicaid purposes: The submitter understands that because payment and satisfaction of this claim will be from Federal and State funds, any false statements, documents, or concealment of a material fact are subject to prosecution under applicable Federal or State Laws.
9. For TRICARE Purposes:
  - (a) The information on the face of this claim is true, accurate and complete to the best of the submitter's knowledge and belief, and services were medically necessary and appropriate for the health of the patient;
  - (b) The patient has represented that by a reported residential address outside a military medical treatment facility catchment area he or she does not live within the catchment area of a U.S. military medical treatment facility, or if the patient resides within a catchment area of such a facility, a copy of Non-Availability Statement (DD Form 1251) is on file, or the physician has certified to a medical emergency in any instance where a copy of a Non-Availability Statement is not on file;
  - (c) The patient or the patient's parent or guardian has responded directly to the provider's request to identify all health insurance coverage, and that all such coverage is identified on the face of the claim except that coverage which is exclusively supplemental payments to TRICARE-determined benefits;
  - (d) The amount billed to TRICARE has been billed after all such coverage have been billed and paid excluding Medicaid, and the amount billed to TRICARE is that remaining claimed against TRICARE benefits;
  - (e) The beneficiary's cost share has not been waived by consent or failure to exercise generally accepted billing and collection efforts; and,
  - (f) Any hospital-based physician under contract, the cost of whose services are allocated in the charges included in this bill, is not an employee or member of the Uniformed Services. For purposes of this certification, an employee of the Uniformed Services is an employee, appointed in civil service (refer to 5 USC 2105) including part-time or intermittent employees, but excluding contract surgeons or other personal service contracts. Similarly, member of the Uniformed Services does not apply to reserve members of the Uniformed Services not on active duty.
  - (g) Based on 42 United States Code 1395cc(a)(1)(i) all providers participating in Medicare must also participate in TRICARE for inpatient hospital services provided pursuant to admissions to hospitals occurring on or after January 1, 1987; and
  - (h) If TRICARE benefits are to be paid in a participating status, the submitter of this claim agrees to submit this claim to the appropriate TRICARE claims processor. The provider of care submitter also agrees to accept the TRICARE determined reasonable charge as the total charge for the medical services or supplies listed on the claim form. The provider of care will accept the TRICARE-determined reasonable charge even if it is less than the billed amount, and also agrees to accept the amount paid by TRICARE combined with the cost-share amount and deductible amount, if any, paid by or on behalf of the patient as full payment for the listed medical services or supplies. The provider of care submitter will not attempt to collect from the patient (or his or her parent or guardian) amounts over the TRICARE determined reasonable charge. TRICARE will make any benefits payable directly to the provider of care, if the provider of care is a participating provider.

SEE <http://www.nubc.org/> FOR MORE INFORMATION ON UB-04 DATA ELEMENT AND PRINTING SPECIFICATIONS

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
1	(Unnamed)	Enter the provider's name, doing business as (DBA) address, city, state, zip code, and telephone number.
2	(Unnamed)	Not required
3a	Pat Cntl #	Enter the patient control number, if one is assigned. If one is not assigned, enter the member's last name.
3b	Med. Rec. #	Enter the medical record number.
4	Type of Bill	Enter the four-digit code to indicate the type of bill. The fourth digit defines the frequency of the bill for the institutional claim. Refer to the NUBC Instruction Manual for type of bill codes.
5	Fed. Tax No.	Enter billing provider's federal tax ID number.
6	Statement Covers Period From/Through	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, Psychiatric Inpatient Hospitals, Home Health Agencies, and Community Health Centers (for Home Health Services Only):</i></p> <p>Enter the beginning and ending service dates of the period included on this bill in MMDDYY format.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, and Psychiatric Outpatient Hospitals:</i></p> <p>In both the "From" and "Through" fields, enter the date on which services were provided. Use a separate claim form for each date of service.</p> <p><i>Nursing Facilities and Hospice Providers:</i></p> <p>Enter the beginning and ending service dates of the period included on this bill in MMDDYY format. Do not bill for more than one calendar month on a claim.</p>
7	(Unnamed)	Not used
8a	Patient Name	Not required
8b	Patient Name	Enter the name of the MassHealth member receiving services in the following order: last name, first name, middle initial.
9a	Patient Address	Enter the street address of the MassHealth member receiving services.
9b	Patient Address	Enter the city of the MassHealth member receiving services.

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
9c	Patient Address	Enter the state of the MassHealth member receiving services.
9d	Patient Address	Enter the zip code of the MassHealth member receiving services.
9e	Patient Address	Not required
10	Birthdate	Enter the member's date of birth in MMDDYYYY format.
11	Sex	Enter an "M" or "F" to indicate the member's gender.
12	Admission Date	<p><i>Acute Hospitals, Chronic Disease, and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the date of admission.</p> <p><i>Home Health Agencies and Community Health Centers (for Home Health Services Only):</i></p> <p>Enter the date on which the episode of care began.</p> <p><i>Nursing Facilities:</i></p> <p>Enter the date of the member's initial admission or the date of the most recent readmission following a three-day hospital stay, to the facility.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, and Psychiatric Outpatient Hospitals:</i></p> <p>Not required</p>
13	Admission Hr	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient and Outpatient Hospitals:</i></p> <p>Enter the code referring to the hour during which the patient was admitted for care. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>



## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
14	Admission Type	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the code indicating the priority of this admission or visit. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
15	Admission Source	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, Psychiatric Inpatient and Outpatient Hospitals, Home Health Agencies, Community Health Centers (for Home Health Services Only), and Nursing Facilities:</i></p> <p>Enter a code indicating the point of patient origin for this admission or visit. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
16	DHR	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the code indicating the discharge hour of the patient from inpatient care. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
17	Stat	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, Psychiatric Inpatient Hospitals, Nursing Facilities, Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>Enter the code indicating the disposition or discharge status of the patient at the end service for the period covered on this bill, as reported in Field 6, Statement Covers Period. Refer to the NUBC Instruction Manual for code values.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
18-28	Condition Codes	<p>Enter the code(s) used to identify conditions or events relating to this bill that may affect processing. Refer to the NUBC Instruction Manual for code values.</p> <p>If a member has other insurance, refer to Subchapter 5 of your MassHealth provider manual for additional instructions about billing for services to members with other health insurance.</p>
29	ACDT State	If applicable, enter the two-digit state abbreviation used by the United States Postal Service for the state where the accident occurred.
30	(Unnamed)	Not required
31-34	Occurrence Code/Date	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient and Outpatient Hospitals:</i></p> <p>Enter the code from the list of occurrence codes on page 20 of this guide, and the associated date in MMDDYYYY format, defining a significant event related to this bill that may affect payer processing.</p>

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
31-34	Occurrence Code/Date (cont.)	<p><i>Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>Enter the occurrence code from the list of occurrence codes on page 20 of this guide, and the associated date in MMDDYYYY format, if the member has been discharged from an inpatient hospital stay within the last 30 days.</p> <p><i>Nursing Facilities:</i></p> <p>Not required</p>
35-36	Occurrence Span From/Through	<p><i>Nursing Facilities:</i></p> <p>If applicable, enter the occurrence span code from the list on page 20 of this guide, for any medical-leave-of-absence days or nonmedical-leave-of-absence days along with the associated dates of leave.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
37	(Unnamed)	Not used
38	(Unnamed)	Not required
39-41	Value Codes Code/Amount	<p><i>All Provider Types:</i></p> <p>Enter Value Code 24 (Medicaid rate code) along with the total charges amount of the claim.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, and Nursing Facilities:</i></p> <p>Enter Value Code 80 for covered days and the number of covered days.</p> <p><i>Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient and Outpatient Hospitals, and Nursing Facilities:</i></p> <p>Enter the appropriate value code from the list on page 20 and the number of covered days. If a member has a patient-paid amount, on a separate line, enter Value Code FC and the patient-paid amount.</p>

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
42 (Lines 1-22)	Rev Cd	<p><i>All Provider Types:</i></p> <p>Enter the revenue codes from the list beginning on page 21 that identify a specific accommodation, ancillary service, or unique billing calculations or arrangements.</p> <p><i>Acute Inpatient and Psychiatric Inpatient Hospitals:</i></p> <p>If the member occupied more than one type of bed accommodation on the same day, enter for that day only the revenue code for the last bed accommodation to which the member was transferred.</p> <p><i>Acute, Chronic Disease and Rehabilitation, and Psychiatric Inpatient Hospitals:</i></p> <p>Do not include revenue codes for room-and-board charges incurred on the day of discharge, unless the member was admitted and discharged on the same day.</p> <p><i>Nursing Facilities:</i></p> <p>If a member has medical-leave-of-absence (MLOA) days or nonmedical-leave-of-absence (NMLOA) days in the statement billed period, bill the revenue code and the number of room-and-board days (excluding MLOA and NMLOA days) on the first line with the number of room and board days in Field 46. Then enter the revenue code for the MLOA days or NMLOA days on a different line with the appropriate revenue code and number of days in Field 46. The total number of room-and-board days and MLOA or NMLOA days should equal the number of covered days.</p>
42 (Line 23)	Rev Cd	Enter Revenue Code "0001."

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
43 (Lines 1-22)	Description	<p><i>Physician-administered drugs by Acute Outpatient Hospitals, Chronic Disease and Rehabilitation Hospitals, Medicare crossover claims for Renal Dialysis Clinics, Hospital-licensed Health Centers (HLHCs), and other satellite facilities:</i></p> <p>Report national drug code (NDC) information for physician-administered drugs that are billed separately and are identified on the claim with a Level II HCPCS.</p> <p>This does not apply to hospital claims that are paid as part of a bundled rate, such as the claims paid through the bundled hospital Payment Amount Per Episode (PAPE) at this time. This does not apply to vaccines, radiopharmaceuticals, or contrast media.</p> <p>Enter the following information in the description field if billing for drugs:</p> <p>Report the N4 qualifier in the first two positions, left justified, followed immediately by the 11-character NDC number in the 5-4-2 format (no hyphens). Immediately following the last digit of the NDC (no delimiter), is the unit of measurement qualifier. The unit measurement qualifier codes are:</p> <p>GR — gram (for creams, ointments, and bulk powders);</p> <p>ML — milliliter (for liquids, suspensions, solutions, and lotions);</p> <p>UN — unit (for tablets, capsules, suppositories, and powder-filled vials); and</p> <p>F2 — international unit (for example, anti-hemophilia factor)</p> <p>Immediately following the unit of measurement qualifier, you will find the unit quantity with a floating decimal for fractional units limited to three digits (to the right of the decimal). Any spaces unused for the quantity should be left blank.</p> <p>An example of this methodology is illustrated below.</p> <p><b>N412345678901UN1234.567</b></p>
43 (Line 23)	Page __ of __	<p>MassHealth accepts only single-page UB-04 claims. This should always be Page 1 of 1.</p>

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
44 (Lines 1-22)	HCPCS/ Rates/HIPPS Code	<p>Enter the HCPCS code and modifier, if required, applicable to ancillary service and outpatient bills.</p> <p><i>Acute Outpatient Hospitals</i></p> <p>If the revenue code entered in Field 42 requires a HCPCS code, enter the five-digit HCPCS code. Refer to Appendix F of the <i>Acute Outpatient Hospital Manual</i> for the list of revenue codes that require HCPCS codes.</p> <p><i>Chronic Disease and Rehabilitation Hospitals, and Substance Abuse Treatment Outpatient Hospitals:</i></p> <p>Enter an applicable HCPCS code for each revenue code entered in Lines 1-22 in Field 42.</p> <p><i>Nursing Facilities, Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Not required</p> <p><i>Home Health Agencies, Community Health Centers (for Home Health Services Only), and Hospice Providers:</i></p> <p>Refer to Subchapter 6 of your MassHealth provider manual for the applicable HCPCS code.</p>
45 (Lines 1-22)	Service Date	<p><i>Community Health Centers (Home Health Services Only), Home Health Agencies, and Hospice Providers:</i></p> <p>Enter the date the service was provided in MMDDYYYY format.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, Psychiatric Inpatient and Outpatient Hospitals and Nursing Facilities:</i></p> <p>Not required</p>
45 (Line 23)	Creation Date	<p>Enter the date the claim form was submitted for reimbursement. This date cannot be earlier than the service dates billed on the claim form.</p>

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
46 (Lines 1-22)	Service Units	<p><i>All Provider Types:</i></p> <p>Enter the total number of covered accommodation days, ancillary units of service, or visits, where appropriate and defined by revenue code requirements.</p> <p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>The total number of units of service for all room-and-board charges must equal the number of covered days.</p> <p><i>Home Health Agencies:</i></p> <p>Refer to the service code descriptions in Subchapter 6 of the <i>Home Health Agency Manual</i> to determine how units are calculated for each service code.</p>
47 (Lines 1-22)	Total Charges	<p>For each claim line, enter the total charges that apply to the revenue codes entered in Lines 1-22 in Field 42.</p> <p>Do not deduct the member's copayment amount from the total charge of the claim.</p>
47 (Line 23)	Total Charges (Totals)	Enter the total of all entries in this column on the bottom line.
48 (Lines 1-22)	Non-Covered Charges	Not required
48 (Line 23)	Non-Covered Charges (Totals)	Not required
49 (Lines 1-23)	(Unnamed)	Not used
50A-C	Payer Name	<p>If MassHealth is the primary payer, enter "MassHealth" in Field 50A.</p> <p>If MassHealth is the secondary payer, enter "MassHealth" in Field 50B.</p> <p>If MassHealth is the tertiary payer, enter "MassHealth" in Field 50C.</p>
51A-C	Health Plan ID	If applicable, enter the seven-digit MassHealth carrier code. Refer to Appendix C of your MassHealth provider manual for carrier code values.

## *How to Complete the UB-04 Claim Form (cont.)*

<b>Field No.</b>	<b>Field Name</b>	<b>Description</b>
52A-C	Rel Info	If applicable, enter the appropriate code for release of information. Refer to the NUBC Instruction Manual for code values.
53A-C	Asg. Ben.	If applicable, enter the appropriate code that indicates whether the provider has a signed form authorizing the third-party payer to remit payment directly to the provider. Refer to the NUBC Instruction Manual for code values.
54A-C	Prior Payments	Not required unless the member has other health-insurance coverage. Do not enter previous MassHealth payments. Enter the total amount received toward the payment of services on this claim form from third-party payers other than MassHealth, and attach a copy of the explanation of benefits from the other payers to the claim form.

*Acute Inpatient Hospitals When Part A Is Exhausted or Partially Covered:*

Enter the sum of the Medicare payment, coinsurance, and deductible amount for the covered Medicare Part B ancillary and physician services. This amount will be deducted from the MassHealth payment. These claims must be submitted within 90 days of the date of the most recent Explanation of Medicare Benefits (EOMB).

*Chronic Disease and Rehabilitation Inpatient Hospitals:*

For hospitals subject to the per-diem reimbursement methodology, enter the total Medicare payment for the Medicare (Part B) ancillary covered services.

55A-C	Est. Amount Due	Enter the amount estimated by the provider to be due from the indicated payer (estimated responsibility minus prior payments).
56	NPI	Enter the provider's 10-digit national provider identifier (NPI).
57A-C	Other Prv	Use this field to report other provider identifiers assigned by the health plan (as indicated in Field 50 Lines A-C). For the line corresponding to Medicaid, if you are an atypical provider and do not have an NPI, enter your 10-character MassHealth provider ID.
58A-C	Insured's Name	Enter the name of the individual under whose name the insurance benefit is carried.



## *How to Complete the UB-04 Claim Form (cont.)*

<b>Field No.</b>	<b>Field Name</b>	<b>Description</b>
59A-C	P. Rel	Enter the code indicating the relationship of the patient to the identified insured. Refer to the NUBC Instruction Manual for code values.
60A-C	Insured's Unique ID	<p><i>All Provider Types:</i></p> <p>Enter the unique number assigned by the health plan to the insured. For the line corresponding to Medicaid, enter the 12-character MassHealth member ID.</p> <p><i>Acute Inpatient Hospitals:</i></p> <p>Use separate claim forms for a mother and her newborn. Do not submit claims for services to the newborn on the mother's claim form. Do not use the mother's member ID number for the newborn; you must use the newborn's individual member ID number.</p> <p><i>Acute Inpatient and Acute Outpatient Hospitals:</i></p> <p>For organ-donor claims in which the donor is not a MassHealth member, enter the member ID number of the member receiving the organ, and enter a patient control number in Field 3a and the appropriate patient relationship code for organ donor in Field 59.</p>
61A-C	Group Name	Enter the group or plan name through which the insurance is provided to the insured.
62A-C	Group No.	Enter the identification number, control number, or code assigned by the carrier or administrator to identify the group under which the individual is covered.
63A-B	Treatment Authorization Codes	Enter all of the following treatment authorization codes issued by MassHealth for the claim, as applicable: prior-authorization (PA) number, preadmission screening (PAS) number, and referral number.
63C	Treatment Authorization Codes	If applicable, enter the PA from the other payer.

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
64A	Document Control No. (Line A only)	<p><i>For Adjustments:</i></p> <p>When requesting an adjustment to paid claims, and the frequency code on the Type of Bill is “7” (Replacement of Prior Claim), enter an “A” followed by the 13-character internal control number (ICN) assigned to the paid claim. The ICN appears on the remittance advice on which the original claim was paid. When submitting an adjustment, include all lines that were on the original claim. Correct the line that needs to be adjusted.</p> <p>Refer to Subchapter 5, Part 7, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p> <p><i>For Resubmittals:</i></p> <p>When resubmitting a denied claim, enter an “R” followed by the 13-character ICN assigned to the denied claim. The ICN appears on the remittance advice on which the original claim was denied.</p> <p>Refer to Subchapter 5, Part 7, of your MassHealth provider manual for detailed billing instructions on claim status and correction.</p>
64B-C	Document Control No.	Not required
65	Employer Name	If applicable, enter the name of the employer that provides health-care coverage for the insured individual identified in Field 58.
66	DX	Enter the qualifier that denotes the version of International Classification of Diseases (ICD) reported.
67	(Unnamed)	Enter the ICD-9-CM codes describing the principal diagnosis and the present-on-admission (POA) indicator, if applicable. Refer to the NUBC Instruction Manual for code values.
67(A-Q)	(Unnamed)	Enter the ICD-9-CM diagnosis codes corresponding to all conditions that coexist at the time of admission, that develop subsequently, or that affect the treatment received or the length of stay. Also, enter the POA indicator if applicable. Refer to the NUBC Instruction Manual for code values.
68	(Unnamed)	Not used

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
69	Admit DX	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>Enter the ICD-9-CM diagnosis code describing the patient's diagnosis at the time of admission. Refer to the NUBC Instruction Manual for specific requirements.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
70(a-c)	Patient Reason DX	Not required
71	PPS Code	Enter the prospective payment system (PPS) code assigned to the claim to identify the discharge diagnosis-related group (DRG) code.
72(a-c)	ECI	Not required
73	(Unnamed)	Not used
74	Principal Procedure Code/Date	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>If applicable, enter the ICD code that identifies the inpatient principal procedure performed at the claim level during the period covered by this bill and the corresponding date in MMDDYY format.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
74 (a-e)	Other Procedure Codes/Dates	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, Substance Abuse Treatment Hospitals, and Psychiatric Inpatient Hospitals:</i></p> <p>If applicable enter the ICD codes identifying all significant procedures, other than the principal procedure, and the dates in MMDDYY format on which the procedures were performed.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
75	(Unnamed)	Not used

## How to Complete the UB-04 Claim Form (cont.)

Field No.	Field Name	Description
76	Attending NPI Last First	Enter the name and NPI of the physician who is primarily responsible for the care of the patient reported in this claim.
77	Operating NPI Last First	<p><i>Acute Hospitals, Chronic Disease and Rehabilitation Hospitals, and Inpatient and Outpatient Hospitals:</i></p> <p>If applicable, enter the name and NPI of the individual with the primary responsibility for performing the surgical procedure(s).</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
78-79	Other NPI Last First	If applicable, enter the name and NPI of the individual corresponding to that value. Refer to the NUBC Instruction Manual for qualifier values.
80	Remarks	<p><i>Hospice Providers:</i></p> <p>When billing for out-of-county home hospice care, enter the county in which the hospice service was furnished.</p> <p><i>All Other Provider Types:</i></p> <p>Not required</p>
81a	CC	Enter Qualifier B3 – Health Care Provider Taxonomy Code. Enter the taxonomy code applicable for the NPI listed in Field 56 only if instructed to do so by MassHealth.
81b	CC	Enter Qualifier B3 – Health Care Provider Taxonomy Code. Enter the taxonomy code applicable for the NPI listed in Field 76, if applicable, and only if instructed to do so by MassHealth.
81c	CC	Enter Qualifier B3 – Health Care Provider Taxonomy Code. Enter the taxonomy code applicable for the NPI listed in Field 77, if applicable, and only if instructed to do so by MassHealth.
81d	CC	Not required

## **Code Sets for the UB-04 Claim Form**

Refer to the NUBC Instruction Manual for complete code sets. When MassHealth accepts all codes within a code set, that code set is not included in this section.

### **Fields 31-34 – Occurrence Codes and Dates**

#### *Chronic Disease and Rehabilitation Hospitals:*

- 21 Date Active Care Ended – Code indicating the date of receipt by the provider of the UR Committee's finding that the admission or future stay was not medically necessary.
- 22 Date Active Care Ended – Code indicates the date covered level of care ended in a NF or general hospital, or date on which active care ended in a psychiatric or tuberculosis hospital, or date on which patient was released on a trial basis from a residential facility. Code not required when Condition 21 is used.

### **Fields 35 and 36 – Occurrence Span Codes and Dates**

#### *Nursing Facilities:*

MassHealth accepts up to four occurrences per claim form.

- 70 Qualifying stay dates for NF use only
- 71 Prior stay dates – medical leave of absence (MLOA)
- 74 First/last visit dates – nonmedical leave of absence (NMLOA)

### **Fields 39 through 41 – Value Codes/Amount**

#### *All Provider Types:*

- 24 MassHealth rate – Enter the value code amount assigned by MassHealth.
- 80 Covered days – the number of days covered by the primary payer as qualified by the payer (not required for outpatient providers)

#### *Chronic Disease and Rehabilitation Hospitals, Psychiatric Inpatient Hospitals, and Nursing Facilities:*

- FC Patient-paid amount – the amount the provider has received from the patient toward the payment of this bill

\* Requires the entry of the number of units in Field 46.

## Code Sets for the UB-04 Claim Form (cont.)

### Field 42 – Revenue Codes

For additional information on the description of the revenue codes, refer to the NUBC Instruction Manual.

#### *Revenue Codes by Provider Type* *Page*

Acute Inpatient Hospitals .....	21
Acute Outpatient Hospitals.....	26
Chronic Disease and Rehabilitation Inpatient Hospitals .....	30
Chronic Disease and Rehabilitation Outpatient Hospitals.....	34
Community Health Centers (for Home Health Services Only) .....	37
Home Health Agencies.....	38
Hospice Providers.....	38
Nursing Facilities.....	38
Psychiatric Inpatient Hospitals .....	39
Psychiatric Outpatient Hospitals.....	39
Substance Abuse Inpatient Hospitals.....	39
Substance Abuse Outpatient Hospitals.....	40

#### *Revenue Codes for Acute Inpatient Hospitals*

0001	Total Charge	*0127	Oncology
		*0128	Rehabilitation
<b>011x</b>	<b>Room and Board – Private (One Bed)</b>	*0129	Other
		<b>013x</b>	<b>Room and Board – Three and Four Beds</b>
*0110	General Classification	*0130	General Classification
*0111	Medical/Surgical/GYN	*0131	Medical/Surgical/GYN
*0112	Obstetrics (OB)	*0132	Obstetrics (OB)
*0113	Pediatric	*0133	Pediatric
*0114	Psychiatric	*0134	Psychiatric
*0115	Hospice	*0135	Hospice
*0116	Detoxification	*0136	Detoxification
*0117	Oncology	*0137	Oncology
*0118	Rehabilitation	*0138	Rehabilitation
*0119	Other	*0139	Other
<b>012x</b>	<b>Room and Board – Semi-private (Two Beds)</b>	<b>015x</b>	<b>Room and Board – Ward</b>
*0120	General Classification	*0150	General Classification
*0121	Medical/Surgical/GYN	*0151	Medical/Surgical/GYN
*0122	Obstetrics (OB)	*0152	Obstetrics (OB)
*0123	Pediatric	*0153	Pediatric
*0124	Psychiatric	*0154	Psychiatric
*0125	Hospice	*0155	Hospice
*0126	Detoxification		

\* Requires the entry of the number of units in Field 46.

## Code Sets for the UB-04 Claim Form (cont.)

<b>015x Room and Board – Ward (cont.)</b>	0224 Late Discharge, Medically Necessary
*0156 Detoxification	0229 Other Special Charges
*0158 Rehabilitation	
*0159 Other	<b>023x Incremental Nursing Charge</b>
<b>016x Other Room and Board – Other</b>	0230 General Classification
*0160 General Classification	0231 Nursery
*0164 Sterile Environment	0232 OB
*0167 Self Care	0233 ICU
*0169 Other	0234 CCU
	0235 Hospice
	0239 Other
<b>017x Nursery</b>	<b>025x Pharmacy (also see 063x, an extension of 025x)</b>
*0170 General Classification	0250 General Classification
*0171 Newborn – Level I	0251 Generic Drugs
*0172 Newborn – Level II	0252 Non-Generic Drugs
*0173 Newborn – Level III	0253 Take-Home Drugs
*0174 Newborn – Level IV	0254 Drugs Incident to Other Diagnostic Services
*0179 Other Nursery	0255 Drugs Incident to Radiology
<b>020x Intensive Care</b>	0257 Non-Prescription
*0200 General Classification	0258 IV Solutions
*0201 Surgical	0259 Other Pharmacy
*0202 Medical	
*0203 Pediatric	<b>026x IV Therapy</b>
*0204 Psychiatric	0260 General Classification
*0206 Intermediate ICU	0261 Infusion Pump
*0207 Burn Care	0262 IV Therapy/Pharmacy Svcs
*0208 Trauma	0263 IV Therapy/Drug/Supply Delivery
*0209 Other Intensive Care	0264 IV Therapy/Supplies
<b>021x Coronary Care Unit</b>	0269 Other IV Therapy
*0210 General Classification	<b>027x Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)</b>
*0211 Myocardial Infarction	0270 General Classification
*0212 Pulmonary Care	0271 Non-Sterile Supply
*0213 Heart Transplant	0272 Sterile Supply
*0214 Intermediate CCU	0273 Take-Home Supplies
*0219 Other Coronary CCU	0274 Prosthetic/Orthotic Devices
<b>022x Special Charges</b>	0275 Pacemaker
0220 General Classification	0276 Intraocular Lens
0221 Admission Charges	0277 Oxygen - Take Home
0222 Technical Support Charge	
0223 UR Service Charge	

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

**027x Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x) (cont.)**

0278 Other Implant  
0279 Other Supplies/Devices

**028x Oncology**

0280 General Classification  
0289 Other Oncology

**029x Durable Medical Equipment (Other Than Renal)**

0290 General Classification  
0291 Rental  
0292 Purchase of New DME  
0293 Purchase of Used DME  
0299 Other Equipment

**030x Laboratory**

0300 General Classification  
0301 Chemistry  
0302 Immunology  
0303 Renal Patient (Home)  
0304 Non-Routine Dialysis  
0305 Hematology  
0306 Bacteriology and Microbiology  
0307 Urology  
0309 Other Laboratory

**031x Laboratory Pathology**

0310 General Classification  
0311 Cytology  
0312 Histology  
0314 Biopsy  
0319 Other Laboratory Pathology

**032x Radiology – Diagnostic**

0320 General Classification  
0321 Angiocardiology  
0322 Arthrography  
0323 Arteriography  
0324 Chest X ray  
0329 Other Radiology – Diagnostic

**033x Radiology – Therapeutic and/or Chemotherapy Administration**

0330 General Classification  
0331 Chemotherapy Administration – Injected  
0332 Chemotherapy Administration – Oral  
0333 Radiation Therapy  
0335 Chemotherapy Administration – IV  
0339 Other Radiology – Therapeutic

**034x Nuclear Medicine**

0340 General Classification  
0341 Diagnostic  
0342 Therapeutic  
0343 Diagnostic Radiopharmaceuticals  
0349 Other

**035x CT Scan**

\*0350 General Classification  
\*0351 CT – Head Scan  
\*0352 CT – Body Scan  
\*0359 CT – Other

**036x Operating Room Services**

0360 General Classification  
0361 Minor Surgery  
0362 Organ Transplant – Other Than Kidney  
0367 Kidney Transplant  
0369 Other OR Services

**037x Anesthesia**

0370 General Classification  
0371 Incident to Radiology  
0374 Acupuncture  
0379 Other Anesthesia

**038x Blood and Blood Components**

0380 General Classification  
0381 Packed Red Cells  
0383 Plasma  
0384 Platelets

\* Requires the entry of the number of units in Field 46.



### *Code Sets for the UB-04 Claim Form (cont.)*

**038x Blood and Blood Components (cont.)**

0385 Leukocytes  
 0386 Other Blood Components  
 0387 Other Derivatives (Cypoprecipitate)  
 0389 Other Blood and Blood Components

**039x Blood Storage and Processing**

0390 General Classification  
 0391 Blood Administration (e.g., Transfusion)  
 0399 Other Blood Handling

**040x Other Imaging Services**

0400 General Classification  
 0401 Diagnostic Mammography  
 0402 Ultrasound  
 0403 Screening Mammography  
 0404 Positron Emission Tomography  
 0409 Other Imaging Services

**041x Respiratory Services**

\*0410 General Classification  
 \*0412 Inhalation Services  
 \*0413 Hyperbaric Oxygen Therapy  
 \*0419 Other Respiratory Services

**042x Physical Therapy**

\*0420 General Classification  
 \*0421 Visit  
 \*0422 Hourly  
 \*0423 Group  
 \*0424 Evaluation or Reevaluation  
 \*0429 Other Physical Therapy

**043x Occupational Therapy**

\*0430 General Classification  
 \*0431 Visit  
 \*0432 Hourly  
 \*0433 Group  
 \*0434 Evaluation or Reevaluation  
 \*0439 Other Occupational Therapy

**044x Speech Therapy – Language Pathology**

\*0440 General Classification  
 \*0441 Visit  
 \*0442 Hourly  
 \*0443 Group  
 \*0444 Evaluation or Reevaluation  
 \*0449 Other Speech Therapy

**045x Emergency Room**

\*0450 General Classification  
 \*0456 Urgent Care  
 \*0459 Other Emergency Room

**046x Pulmonary Function**

0460 General Classification  
 0469 Other Pulmonary

**047x Audiology**

0470 General Classification  
 0471 Diagnostic  
 0472 Treatment  
 0479 Other Audiology

**048x Cardiology**

0480 General Classification  
 0481 Cardiac Cath Lab  
 0482 Stress Test  
 0489 Other Cardiology

**049x Ambulatory Surgical Care**

0490 General Classification  
 0499 Other Ambulatory Surgical Care

**050x Outpatient Services**

0500 General Classification  
 0509 Other Outpatient

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

**051x Clinic**

- \*0510 General Classification
- \*0511 Chronic Pain Center
- \*0512 Dental Clinic
- \*0515 Pediatric Clinic
- \*0519 Other Clinic

**053x Osteopathic Services**

- \*0530 General Classification
- \*0531 Osteopathic Therapy
- \*0539 Other Osteopathic Services

**061x Magnetic Resonance Technology (MRT)**

- 0610 General Classification
- 0611 MRI – Brain/Brainstem
- 0612 MRI – Spinal Cord/Spine
- 0619 MRT–Other

**062x Medical/Surgical Supplies – Extension of 027x**

- 0621 Supplies Incident to Radiology

**070x Cast Room**

- 0700 General Classification

**071x Recovery Room**

- 0710 General Classification

**072x Labor Room/Delivery**

- 0720 General Classification
- 0721 Labor
- 0722 Delivery Room
- 0723 Circumcision
- 0724 Birthing Center
- 0729 Other Labor Room/Delivery

**073x EKG/EGG (Electrocardiogram)**

- 0730 General Classification
- 0731 Holter Monitor
- 0732 Telemetry
- 0739 Other EKG/ECG

**074x EEG (Electroencephalogram)**

- 0740 General Classification

**075x Gastro-Intestinal (GI) Services**

- 0750 General Classification

**076x Specialty Room – Treatment/Observation Room**

- 0761 Treatment Room
- 0762 Observation Room
- 0769 Other Specialty Rooms

**079x Extra-Corporeal Shock Wave Therapy (formerly Lithotripsy)**

- 0790 General Classification

**080x Inpatient Renal Dialysis**

- 0800 General Classification
- \*0801 Inpatient Hemodialysis
- \*0802 Inpatient Peritoneal Dialysis (Non-CAPD)
- \*0803 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)
- \*0804 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)
- 0809 Other Inpatient Dialysis

**081x Acquisition of Body Components**

- 0810 General Classification
- 0811 Living Donor
- 0812 Cadaver Donor
- 0813 Unknown Donor
- 0814 Unsuccessful Organ Search – Donor Bank Charges
- 0819 Other Donor

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

<b>088x</b>	<b>Miscellaneous Dialysis</b>	0918	Testing
0880	General Classification	0919	Other Behavioral Health Treatments
0881	Ultrafiltration		
0882	Home Dialysis Aid Visit	<b>092x</b>	<b>Other Diagnostic Services</b>
0889	Other Miscellaneous Dialysis	*0920	General Classification
<b>090x</b>	<b>Behavioral Health Treatment/ Services</b>	0921	Peripheral Vascular Lab
0900	General Classification	0922	Electromyogram
0901	Electroshock Treatment	0923	Pap Smear
0902	Milieu Therapy	0924	Allergy Test
0903	Play Therapy	0925	Pregnancy Test
		*0929	Other Diagnostic Service
<b>091x</b>	<b>Behavioral Health Treatments/ Services – Extension of 090x</b>	<b>094x</b>	<b>Other Therapeutic Services (also see 095x, an extension of 094x)</b>
0911	Rehabilitation	*0940	General Classification
0912	Partial Hospitalization – Less Intensive	*0941	Recreational Therapy
0913	Partial Hospitalization – Intensive	0942	Education/Training
0914	Individual Therapy	0943	Cardiac Rehabilitation
0915	Group Therapy	0946	Complex Medical Equipment – Routine
0916	Family Therapy	0947	Complex Medical Equipment – Ancillary
0917	Biofeedback	0948	Pulmonary Rehabilitation
		0949	Other Therapeutic Service

### *Revenue Codes for Acute Outpatient Hospitals*

0001	Total Charge	<b>027x</b>	<b>Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)</b>
<b>025x</b>	<b>Pharmacy (also see 063x, an extension of 025x)</b>	0270	General Classification
0250	General Classification	0271	Non-Sterile Supply
0251	Generic Drugs	0272	Sterile Supply
0252	Non-Generic Drugs	0273	Take-Home Supplies
0253	Take-Home Drugs	0274	Prosthetic/Orthotic Devices
0254	Drugs Incident to Other Diagnostic Services	0275	Pacemaker
0255	Drugs Incident to Radiology	0276	Intraocular Lens
0257	Non-Prescription	0278	Other Implant
0258	IV Solutions	<b>028x</b>	<b>Oncology</b>
<b>026x</b>	<b>IV Therapy</b>	0280	General Classification
0260	General Classification		

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

**029x Durable Medical Equipment  
(Other Than Renal)**

0290 General Classification  
0291 Rental  
0292 Purchase of New DME  
0293 Purchase of Used DME

**030x Laboratory**

0300 General Classification  
0301 Chemistry  
0302 Immunology  
0304 Non-Routine Dialysis  
0305 Hematology  
0306 Bacteriology and Microbiology  
0307 Urology  
0309 Other Laboratory

**031x Laboratory Pathology**

0310 General Classification  
0311 Cytology  
0312 Histology  
0314 Biopsy  
0319 Other Laboratory/Pathology

**032x Radiology – Diagnostic**

0320 General Classification  
0321 Angiocardiology  
0322 Arthrography  
0323 Arteriography  
0324 Chest X Ray  
0329 Other Radiology – Diagnostic

**033x Radiology and/or Chemotherapy  
Administration**

0330 General Classification  
0331 Chemotherapy Administration –  
Injected  
0332 Chemotherapy Administration –  
Oral  
0333 Radiation Therapy  
0335 Chemotherapy Administration – IV

**034x Nuclear Medicine**

0340 General Classification  
0341 Diagnostic  
0342 Therapeutic  
0343 Diagnostic Radiopharmaceuticals  
0349 Other Nuclear Medicine

**035x CT Scan**

\*0350 General Classification  
\*0351 CT – Head Scan  
\*0352 CT – Body Scan  
\*0359 CT – Other

**036x Operating Room Services**

0360 General Classification  
0361 Minor Surgery

**037x Anesthesia**

0370 General Classification  
0371 Anesthesia Incident to Radiology  
0372 Anesthesia Incident to Other DX  
Services

**038x Blood and Blood Components**

0381 Packed Red Cells  
0383 Plasma  
0384 Platelets  
0385 Leukocytes  
0386 Other Blood Components  
0387 Other Derivatives (Cypoprecipitate)

**039x Administration, Processing, and  
Storage for Blood and Blood  
Components**

0390 General Classification  
0391 Administration (e.g., Transfusion)

**040x Other Imaging Services**

0400 General Classification  
0401 Diagnostic Mammography  
0402 Ultrasound  
0403 Screening Mammography  
0404 Positron Emission Tomography

### *Code Sets for the UB-04 Claim Form (cont.)*

**041x Respiratory Services**

- \*0410 General Classification
- \*0412 Inhalation Services
- \*0413 Hyperbaric Oxygen Therapy
- \*0419 Other Respiratory Services

**042x Physical Therapy**

- \*0420 General Classification
- \*0421 Visit
- \*0423 Group
- \*0424 Evaluation or Reevaluation

**043x Occupational Therapy**

- \*0430 General Classification
- \*0431 Visit
- \*0433 Group
- \*0434 Evaluation or Reevaluation

**044x Speech Therapy – Language Pathology**

- \*0440 General Classification
- \*0441 Visit
- \*0443 Group
- \*0444 Evaluation or Reevaluation

**045x Emergency Room**

- \*0450 General Classification
- \*0456 Urgent Care
- \*0459 Other Emergency Room

**046x Pulmonary Function**

- 0460 General Classification
- 0469 Other Pulmonary

**047x Audiology**

- 0470 General Classification
- 0471 Diagnostic
- 0472 Treatment
- 0479 Other Audiology

**048x Cardiology**

- 0480 General Classification
- 0481 Cardiac Cath Lab
- 0482 Stress Test
- 0483 Echocardiology
- 0489 Other Cardiology

**049x Ambulatory Surgical Care**

- 0490 General Classification
- 0499 Other Ambulatory Surgical Care

**051x Clinic**

- \*0510 General Classification
- \*0515 Pediatric Clinic
- \*0519 Other Clinic

**053x Osteopathic Services**

- \*0530 General Classification

**061x Magnetic Resonance Technology (MRT)**

- 0610 General Classification
- 0611 MRI – Brain/Brainstem
- 0612 MRI – Spinal Cord/Spine

**062x Medical Surgical Supplies – Extension of 027x**

- 0621 Supplies Incident to Radiology
- 0622 Supplies Incident to Other DX Services

**063x Pharmacy – Extension of 025x**

- 0634 Erythropoietin (EPO) <10,000 Units
- 0635 EPO ≥ 10,000 Units
- 0636 Drugs Requiring Detailed Coding

**070x Cast Room**

- 0700 General Classification

### *Code Sets for the UB-04 Claim Form (cont.)*

<b>071x Recovery Room</b>	<b>084x Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home</b>
0710 General Classification	
<b>072x Labor Room/Delivery</b>	0840 General Classification
0720 General Classification	0841 CAPD/ Composite or Other Rate
0721 Labor	<b>085x Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home</b>
0722 Delivery Room	
<b>073x EKG/EGG (Electrocardiogram)</b>	0850 General Classification
0730 General Classification	0851 CCPD/Composite or Other Rate
0731 Holter Monitor	<b>090x Behavioral Health Treatment/ Services (also see 091x, an extension of 090x)</b>
0732 Telemetry	
<b>074x EEG (Electroencephalogram)</b>	0900 General Classification
0740 General Classification	0901 Electroshock Treatment
<b>075x Gastro-Intestinal (GI) Services</b>	<b>091x Behavioral Health Treatments/ Services – Extension of 090x</b>
0750 General Classification	
<b>076x Specialty Room – Treatment/ Observation Room</b>	0914 Individual Therapy
	0918 Testing
0761 Treatment Room	<b>092x Other Diagnostic Services</b>
0762 Observation Room	
<b>077x Preventive Care Services</b>	*0920 General Classification
	0921 Peripheral Vascular Lab
0771 General Classification	0922 Electromyogram
<b>082x Hemodialysis – Outpatient or Home</b>	0923 Pap Smear
	0924 Allergy Test
0820 General Classification	0925 Pregnancy Test
0821 Hemodialysis /Composite or Other Rate	*0929 Other Diagnostic Service
<b>083x Peritoneal Dialysis – Outpatient or Home</b>	<b>094x Other Therapeutic Services (also see 095x, an extension of 094x)</b>
0830 General Classification	*0940 General Classification
0831 Peritoneal /Composite or Other Rate	0942 Education/Training
	0943 Cardiac Rehabilitation
	0944 Drug Rehabilitation
	0945 Alcohol Rehabilitation

## Code Sets for the UB-04 Claim Form (cont.)

### *Revenue Codes for Chronic Disease and Rehabilitation Inpatient Hospitals*

0001	Total Charge	<b>022x</b>	<b>Special Charges</b>
<b>011x</b>	<b>Room and Board – Private (One Bed)</b>	0221	Admission Charges
*0110	General Classification	0223	UR Service Charge
*0111	Medical/Surgical/GYN	0224	Late Discharge, Medically Necessary
*0113	Pediatric	0229	Other Special Charges
*0117	Oncology	<b>025x</b>	<b>Pharmacy (also see 063x, an extension of 025x)</b>
*0118	Rehabilitation	0251	Generic Drugs
*0119	Other	0252	Non-Generic Drugs
<b>012x</b>	<b>Room and Board – Semi-private (Two Beds)</b>	0253	Take-Home Drugs
*0120	General Classification	0254	Drugs Incident to Other Diagnostic Services
*0121	Medical/Surgical/GYN	0255	Drugs Incident to Radiology
*0123	Pediatric	0257	Non-Prescription
*0127	Oncology	0258	IV Solutions
*0128	Rehabilitation	0259	Other Pharmacy
*0129	Other	<b>026x</b>	<b>IV Therapy</b>
<b>013x</b>	<b>Room and Board – Three and Four Beds</b>	0260	General Classification
*0130	General Classification	0261	Infusion Pump
*0131	Medical/Surgical/GYN	0262	IV Therapy/Pharmacy Svcs
*0133	Pediatric	0263	IV Therapy/Drug/Supply Delivery
*0137	Oncology	0264	IV Therapy/Supplies
*0138	Rehabilitation	0269	Other IV Therapy
*0139	Other	<b>027x</b>	<b>Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)</b>
<b>015x</b>	<b>Room and Board – Ward</b>	0270	General Classification
*0150	General Classification	0271	Non-Sterile Supply
*0151	Medical/Surgical/GYN	0272	Sterile Supply
*0153	Pediatric	0273	Take-Home Supplies
*0158	Rehabilitation	0274	Prosthetic/Orthotic Devices
*0159	Other	0277	Oxygen - Take Home
<b>016x</b>	<b>Other Room and Board – Other</b>	0279	Other Supplies/Devices
*0160	General Classification		
*0167	Self Care		
*0169	Other		

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

**028x Oncology**

0280 General Classification  
0289 Other Oncology

**029x Durable Medical Equipment (Other Than Renal)**

0290 General Classification  
0291 Rental  
0292 Purchase of New DME  
0293 Purchase of Used DME  
0299 Other Equipment

**030x Laboratory**

0300 General Classification  
0301 Chemistry  
0302 Immunology  
0303 Renal Patient (Home)  
0304 Non-Routine Dialysis  
0305 Hematology  
0306 Bacteriology and Microbiology  
0307 Urology  
0309 Other Laboratory

**031x Laboratory Pathology**

0310 General Classification  
0311 Cytology  
0312 Histology  
0314 Biopsy  
0319 Other Laboratory Pathology

**032x Radiology – Diagnostic**

0320 General Classification  
0321 Angiocardiography  
0322 Arthrography  
0323 Arteriography  
0324 Chest X ray  
0329 Other Radiology – Diagnostic

**033x Radiology – Therapeutic and/or Chemotherapy Administration**

0330 General Classification  
0331 Chemotherapy Administration – Injected

0332 Chemotherapy Administration – Oral

0333 Radiation Therapy  
0335 Chemotherapy Administration – IV  
0339 Other Radiology – Therapeutic

**034x Nuclear Medicine**

0340 General Classification  
0341 Diagnostic  
0342 Therapeutic  
0349 Other

**035x CT Scan**

\*0350 General Classification  
\*0351 CT – Head Scan  
\*0352 CT – Body Scan  
\*0359 CT – Other

**036x Operating Room Services**

0360 General Classification  
0361 Minor Surgery  
0369 Other OR Services

**037x Anesthesia**

0370 General Classification  
0371 Incident to Radiology  
0374 Acupuncture  
0379 Other Anesthesia

**038x Blood and Blood Components**

0380 General Classification  
0381 Packed Red Cells  
0383 Plasma  
0384 Platelets  
0385 Leukocytes  
0386 Other Blood Components  
0387 Other Derivatives (Cypoprecipitate)  
0389 Other Blood and Blood Components

**039x Blood Storage and Processing**

0390 General Classification

\* Requires the entry of the number of units in Field 46.



### *Code Sets for the UB-04 Claim Form (cont.)*

<b>039x Blood Storage and Processing (cont.)</b>	<b>*0449 Other Speech Therapy</b>
0391 Blood Administration (e.g., Transfusion)	<b>046x Pulmonary Function</b>
0399 Other Blood Handling	0460 General Classification
	0469 Other Pulmonary
<b>040x Other Imaging Services</b>	<b>047x Audiology</b>
0400 General Classification	0470 General Classification
0401 Diagnostic Mammography	0471 Diagnostic
0402 Ultrasound	0472 Treatment
0403 Screening Mammography	0479 Other Audiology
0404 Positron Emission Tomography	<b>048x Cardiology</b>
0409 Other Imaging Services	0480 General Classification
<b>041x Respiratory Services</b>	0481 Cardiac Cath Lab
*0410 General Classification	0482 Stress Test
*0412 Inhalation Services	0483 Cardiology
*0413 Hyperbaric Oxygen Therapy	0489 Other Cardiology
*0419 Other Respiratory Services	<b>049x Ambulatory Surgical Care</b>
<b>042x Physical Therapy</b>	0490 General Classification
*0420 General Classification	0499 Other Ambulatory Surgical Care
*0421 Visit	<b>053x Osteopathic Services</b>
*0422 Hourly	*0530 General Classification
*0423 Group	*0531 Osteopathic Therapy
*0424 Evaluation or Reevaluation	*0539 Other Osteopathic Services
*0429 Other Physical Therapy	<b>061x Magnetic Resonance Technology (MRT)</b>
<b>043x Occupational Therapy</b>	0610 General Classification
*0430 General Classification	0611 MRI – Brain/Brainstem
*0431 Visit	0612 MRI – Spinal Cord/Spine
*0432 Hourly	0619 MRT– Other
*0433 Group	<b>062x Medical/Surgical Supplies – Extension of 027x</b>
*0434 Evaluation or Reevaluation	0621 Supplies Incident to Radiology
*0439 Other Occupational Therapy	0622 Supplies Incident to Other DX Services
<b>044x Speech Therapy – Language Pathology</b>	
*0440 General Classification	
*0441 Visit	
*0442 Hourly	
*0443 Group	
*0444 Evaluation or Reevaluation	

\* Requires the entry of the number of units in Field 46.

**Code Sets for the UB-04 Claim Form (cont.)**

<b>070x Cast Room</b>	0918 Testing
0700 General Classification	0919 Other Behavioral Health Treatments
<b>071x Recovery Room</b>	<b>092x Other Diagnostic Services</b>
0710 General Classification	*0920 General Classification
<b>073x EKG/EGG (Electrocardiogram)</b>	0921 Peripheral Vascular Lab
0730 General Classification	0922 Electromyogram
0731 Holter Monitor	0923 Pap Smear
0732 Telemetry	0924 Allergy Test
0739 Other EKG/ECG	*0929 Other Diagnostic Service
<b>074x EEG (Electroencephalogram)</b>	<b>094x Other Therapeutic Services (also see 095x, an extension of 094x)</b>
0740 General Classification	*0941 Recreational Therapy
<b>075x Gastro-Intestinal (GI) Services</b>	0942 Education/Training
0750 General Classification	0943 Cardiac Rehabilitation
<b>080x Inpatient Renal Dialysis</b>	0946 Complex Medical Equipment – Routine
0800 General Classification	0947 Complex Medical Equipment – Ancillary
*0801 Inpatient Hemodialysis	0948 Pulmonary Rehabilitation
*0802 Inpatient Peritoneal Dialysis (Non-CAPD)	0949 Other Therapeutic Service
*0803 Inpatient Continuous Ambulatory Peritoneal Dialysis (CAPD)	<b>096x Professional Fees (also see 097x and 098x)</b>
*0804 Inpatient Continuous Cycling Peritoneal Dialysis (CCPD)	0960 General Classification
0809 Other Inpatient Dialysis	0961 Psychiatric
<b>088x Miscellaneous Dialysis</b>	0962 Ophthalmology
0880 General Classification	0963 Anesthesiologist (MD)
0881 Ultrafiltration	0969 Other Professional Fees
0889 Other Miscellaneous Dialysis	<b>097x Professional Fees (Extension of 096x)</b>
<b>091x Behavioral Health Treatments/ Services – Extension of 090x</b>	0971 Laboratory
0911 Rehabilitation	0972 Radiology – Diagnostic
0914 Individual Therapy	0973 Radiology – Therapeutic
0915 Group Therapy	0974 Radiology – Nuclear Med.
0916 Family Therapy	0975 Operating Room
0917 Biofeedback	0976 Respiratory Therapy
	0977 Physical Therapy
	0978 Occupational Therapy
	0979 Speech Pathology

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

**098x Professional Fees (Extension of 096x and 097x)**

0985 EKG  
0986 EEG  
0987 Hospital Visit  
0988 Consultation

***Revenue Codes for Chronic Disease and Rehabilitation Outpatient Hospitals***

0001 Total Charge

**025x Pharmacy (also see 063x, an extension of 025x)**

0250 General Classification  
0251 Generic Drugs  
0252 Non-Generic Drugs  
0253 Take-Home Drugs  
0254 Drugs Incident to Other Diagnostic Services  
0255 Drugs Incident to Radiology  
0257 Non-Prescription  
0258 IV Solutions  
0259 Other Pharmacy

**026x IV Therapy**

0260 General Classification

**027x Medical/Surgical Supplies and Devices (also see 062x, an extension of 027x)**

0270 General Classification  
0271 Non-Sterile Supply  
0272 Sterile Supply  
0273 Take-Home Supplies  
0274 Prosthetic/Orthotic Devices  
0275 Pacemaker  
0276 Intraocular Lens

**029x Durable Medical Equipment (Other Than Renal)**

0290 General Classification  
0291 Rental  
0292 Purchase of New DME  
0293 Purchase of Used DME

**030x Laboratory**

0300 General Classification  
0301 Chemistry  
0302 Immunology  
0304 Non-Routine Dialysis  
0305 Hematology  
0306 Bacteriology and Microbiology  
0307 Urology  
0309 Other Laboratory

**031x Laboratory Pathology**

0310 General Classification  
0311 Cytology  
0312 Histology  
0314 Biopsy  
0319 Other Laboratory/Pathology

**032x Radiology – Diagnostic**

0320 General Classification  
0321 Angiocardiography  
0322 Arthrography  
0323 Arteriography  
0324 Chest X Ray  
0329 Other Radiology – Diagnostic

**033x Radiology and/or Chemotherapy Administration**

0330 General Classification  
0331 Chemotherapy Administration – Injected  
0332 Chemotherapy Administration – Oral  
0333 Radiation Therapy  
0335 Chemotherapy Administration – IV

\* Requires the entry of the number of units in Field 46.

### *Code Sets for the UB-04 Claim Form (cont.)*

**034x Nuclear Medicine**

0340 General Classification  
 0341 Diagnostic  
 0342 Therapeutic  
 0343 Diagnostic Radiopharmaceuticals  
 0349 Other Nuclear Medicine

**035x CT Scan**

\*0350 General Classification  
 \*0351 CT – Head Scan  
 \*0352 CT – Body Scan  
 \*0359 CT – Other

**036x Operating Room Services**

0360 General Classification  
 0361 Minor Surgery

**037x Anesthesia**

0370 General Classification  
 0371 Anesthesia Incident to Radiology  
 0379 Other Anesthesia

**038x Blood and Blood Components**

0381 Packed Red Cells  
 0383 Plasma  
 0384 Platelets  
 0385 Leukocytes  
 0386 Other Blood Components  
 0387 Other Derivatives (Cypoprecipitate)

**039x Administration, Processing, and Storage for Blood and Blood Components**

0390 General Classification  
 0391 Administration (e.g., Transfusion)

**040x Other Imaging Services**

0400 General Classification  
 0401 Diagnostic Mammography  
 0402 Ultrasound  
 0403 Screening Mammography  
 0404 Positron Emission Tomography

**041x Respiratory Services**

\*0410 General Classification  
 \*0412 Inhalation Services  
 \*0413 Hyperbaric Oxygen Therapy  
 \*0419 Other Respiratory Services

**042x Physical Therapy**

\*0420 General Classification  
 \*0421 Visit  
 \*0423 Group  
 \*0424 Evaluation or Reevaluation  
 \*0429 Other Physical Therapy

**043x Occupational Therapy**

\*0430 General Classification  
 \*0431 Visit  
 \*0433 Group  
 \*0434 Evaluation or Reevaluation  
 \*0439 Other Occupational Therapy

**044x Speech Therapy – Language Pathology**

\*0440 General Classification  
 \*0441 Visit  
 \*0443 Group  
 \*0444 Evaluation or Reevaluation  
 \*0449 Other Speech Therapy

**046x Pulmonary Function**

0460 General Classification  
 0469 Other Pulmonary

**047x Audiology**

0470 General Classification  
 0471 Diagnostic  
 0472 Treatment  
 0479 Other Audiology

**048x Cardiology**

0480 General Classification  
 0481 Cardiac Cath Lab  
 0482 Stress Test  
 0483 Echocardiology

**Code Sets for the UB-04 Claim Form (cont.)**

<b>048x Cardiology (cont.)</b>	<b>073x EKG/EGG (Electrocardiogram)</b>
0489 Other cardiology	0730 General Classification
<b>049x Ambulatory Surgical Care</b>	0731 Holter Monitor
0490 General Classification	0732 Telemetry
0499 Other Ambulatory Surgical Care	<b>074x EEG (Electroencephalogram)</b>
<b>051x Clinic</b>	0740 General Classification
*0510 General Classification	<b>075x Gastro-Intestinal (GI) Services</b>
*0515 Pediatric Clinic	0750 General Classification
*0519 Other Clinic	<b>082x Hemodialysis – Outpatient or Home</b>
<b>053x Osteopathic Services</b>	0820 General Classification
*0530 General Classification	0821 Hemodialysis /Composite or Other Rate
*0531 Osteopathic Therapy	<b>083x Peritoneal Dialysis – Outpatient or Home</b>
<b>061x Magnetic Resonance Technology (MRT)</b>	0830 General Classification
0610 General Classification	0831 Peritoneal /Composite or Other Rate
0611 MRI – Brain/Brainstem	<b>084x Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home</b>
0612 MRI – Spinal Cord/Spine	0840 General Classification
<b>062x Medical Surgical Supplies – Extension of 027x</b>	0841 CAPD/ Composite or Other Rate
0621 Supplies Incident to Radiology	<b>085x Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home</b>
0622 Supplies Incident to Other DX Services	0850 General Classification
<b>063x Pharmacy – Extension of 025x</b>	0851 CCPD/Composite or Other Rate
0634 Erythropoietin (EPO) <10,000 Units	<b>090x Behavioral Health Treatment/Services (also see 091x, an extension of 090x)</b>
0635 EPO ≥ 10,000 Units	0900 General Classification
0636 Drugs Requiring Detailed Coding	0901 Electroshock Treatment
<b>070x Cast Room</b>	
0700 General Classification	
<b>071x Recovery Room</b>	
0710 General Classification	

### *Code Sets for the UB-04 Claim Form (cont.)*

**091x Behavioral Health Treatments/  
Services – Extension of 090x**

0911 Rehabilitation  
0914 Individual Therapy  
0915 Group Therapy  
0916 Family Therapy  
0918 Testing  
0919 Other Behavioral Health  
Treatments

**092x Other Diagnostic Services**

\*0920 General Classification  
0921 Peripheral Vascular Lab  
0922 Electromyogram  
0923 Pap Smear  
0924 Allergy Test  
0925 Pregnancy Test  
\*0929 Other Diagnostic Service

**094x Other Therapeutic Services (also  
see 095x, an extension of 094x)**

\*0940 General Classification  
0942 Education/Training  
0943 Cardiac Rehabilitation  
0944 Drug Rehabilitation  
0945 Alcohol Rehabilitation  
0949 Other Therapeutic Service

**096x Professional Fees**

0960 General Classification  
0961 Psychiatric  
0962 Ophthalmology  
0963 Anesthesiologist (MD)

**097x Professional Fees**

0971 Laboratory  
0972 Radiology–Diagnostic  
0974 Radiology–Nuclear  
0975 Operating room

**098x Professional Fees**

0982 Outpatient services  
0983 Clinic  
0985 EKG  
0986 EEG  
0987 Hospital Visit  
0988 Consultation

### *Revenue Codes for Community Health Centers (for Home Health Services Only)*

0001 Total Charge

**042x Physical Therapy**

\*0421 Visit

**043x Occupational Therapy**

\*0431 Visit

**044x Speech Therapy – Language  
Pathology**

\*0441 Visit

**055x Skilled Nursing**

0551 Visit  
0552 Hour

### *Code Sets for the UB-04 Claim Form (cont.)*

#### **057x Home Health (HH) Aide**

0570 General Classification

0572 Hour

#### *Revenue Codes for Home Health Agencies*

0001 Total Charge

#### **042x Physical Therapy**

\*0421 Visit

#### **043x Occupational Therapy**

\*0431 Visit

#### **044x Speech Therapy – Language Pathology**

\*0441 Visit

#### **055x Skilled Nursing**

0551 Visit 0552 Hour

#### **057x Home Health (HH) Aide**

0572 Hour

#### *Revenue Codes for Hospice Providers*

0001 Total Charge

#### **065x Hospice Service**

0651 Routine Home Care

0652 Continuous Home Care

0655 Inpatient Respite Care

0656 General Inpatient Care Non-Respite

0658 Hospice Room and Board –  
Nursing Facility

#### *Revenue Codes for Nursing Facilities*

0001 Total Charge

#### **010x All-Inclusive Rate**

\*0100 All-inclusive room and board plus ancillary

#### **018x Leave of Absence**

0183 Therapeutic Leave (Total of non-medical leave of absence days)

0185 Nursing Home (for Hospitalization) (Total of medical-leave-of-absence days)

## *Code Sets for the UB-04 Claim Form (cont.)*

### *Revenue Codes for Psychiatric Inpatient Hospitals*

0001 Total Charge

#### **012x Room and Board – Semi-private (Two Beds)**

\*0120 General Classification

\*0124 Psychiatric

\*0126 Detoxification

### *Revenue Codes for Psychiatric Outpatient Hospitals*

0001 Total Charge

#### **091x Behavioral Health Treatment/ Services – Extension of 090x**

#### **090x Behavioral Health Treatment/ Services (also see 091x, an extension of 090x)**

0911 Rehabilitation

0912 Partial Hospitalization – Less  
Intensive

0913 Partial Hospitalization – Intensive

0914 Individual Therapy

0915 Group Therapy

0916 Family Therapy

0917 Biofeedback

0918 Testing

0919 Other Behavioral Health  
Treatments

0900 General Classification

0901 Electroshock Treatment

0902 Milieu Therapy

0903 Play Therapy

0904 Activity Therapy

0905 Intensive Outpatient Services –  
Psychiatric

0906 Intensive Outpatient Services –  
Chemical Dependency

0907 Community Behavioral Health  
Program (Day Treatment)

### *Revenue Codes for Substance Abuse Treatment Inpatient Hospitals*

0001 Total Charge

#### **012x Room and Board – Semi-private (Two Beds)**

\*0120 General Classification

\*0124 Psychiatric

\*0126 Detoxification

\* Requires the entry of the number of units in Field 46.



## *Code Sets for the UB-04 Claim Form (cont.)*

### *Revenue Codes for Substance Abuse Treatment Outpatient Hospitals*

0001 Total Charge

**090x Behavioral Health Treatment/  
Services (also see 091x, an  
extension of 090x)**

0900 General Classification

0901 Electroshock Treatment

0902 Milieu Therapy

0903 Play Therapy

0904 Activity Therapy

0905 Intensive Outpatient Services –  
Psychiatric

0906 Intensive Outpatient Services –  
Chemical Dependency

0907 Community Behavioral Health  
Program (Day Treatment)

**091x Behavioral Health Treatment/  
Services – Extension of 090x**

0911 Rehabilitation

0912 Partial Hospitalization – Less  
Intensive

0913 Partial Hospitalization – Intensive

0914 Individual Therapy

0915 Group Therapy

0916 Family Therapy

0917 Biofeedback

0918 Testing

0919 Other Behavioral Health  
Treatments

**094x Other Therapeutic Services**

0944 Drug Rehabilitation

0945 Alcohol Rehabilitation

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\* Requires the entry of the number of units in Field 46.